



Bureau of Waste Management

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
Post Office Box 2063
Harrisburg, Pennsylvania 17120

ORIGINAL
(Red)

Preliminary Assessment

FOR

CARTEX CORPORATION - FAIRLESS HILLS
PA# 1213

FALLS TOWNSHIP
BUCKS COUNTY
PENNSYLVANIA

CARTEX CORPORATION - FAIRLESS HILLS PA-1213

Cartex Corporation is a urethane foam molding company which produces padding for auto and motorcycle seats and similar items. The company has three Bucks County plants, one of which is located at 200 Rock Run Road in the Penn Warner Industrial Park in Falls Township. It was at this plant that a spill of toluene diisocyanate (TDI) occurred in October 1985.

The spill was the result of two drums of TDI being punctured by a truck, with a total loss of about 50 gallons of material, according to the reports submitted by the plant manager. The spill was neutralized with an ammonia/water mixture and contained with sand, then packed in drums. No material left the paved parking area at the rear of the plant. (See attached reports from plant manager and from Falls Township personnel).

TDI is a raw material in the foam making process and can be a hazardous waste (U223). It is reacted with polyol resin to produce urethane. At Cartex, the TDI is normally pumped from tank cars to an inside holding tank. Apparently the spill material was partially unreacted product which could not be used and was being stored outside in drums. According to the plant manager, Eldon Hall, the "neutralized" spill residue no longer contains TDI and is therefore no longer a hazardous waste.

The ten drums of spill cleanup residue were still on site at the time of this site visit. (See attached RCRA inspection report).

Water for the area is supplied by Falls Township Water and Sewer Authority from an intake on the Delaware River (the water is actually purchased from Lower Bucks Municipal Authority). A few shallow private wells are in use along Tyburn Road, about one-third mile away.

Since there is no evidence to indicate that any TDI actually left the paved area behind the plant, or that the spill was not neutralized, no further action is recommended. Problems with current plant operations and waste storage, and the potential for future spills, are being handled by DER's Regional Waste Management Office through RCRA and the PA Solid Waste Management Act.

2F12/198.5.1

ATTACHMENTS

CARTEX CORPORATION - FAIRLESS HILLS PA-1213

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[REDACTED]

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2F12/198.5.1

ATTACHMENTS

ORIGINAL
(Red)

 POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE PA	02 SITE NUMBER 1213
II. SITE NAME AND LOCATION			
01 SITE NAME (Legal, common, or descriptive name of site) Cartex Corp.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 200 Rock Run Road	
03 CITY Fairless Hills	04 STATE PA	05 ZIP CODE 	06 COUNTY Bucks
09 COORDINATES LATITUDE 40 11 04 LONGITUDE 74 47 55		07 COUNTY CODE 08 CONG DIST 	
10 DIRECTIONS TO SITE (Starting from nearest public road) U.S. Rt. 1 to Tyburn Road to Penn Warner Industrial Park			
III. RESPONSIBLE PARTIES			
01 OWNER (If known) Cartex Corp.		02 STREET (Business, mailing, residential) 160 Veterans Lane	
03 CITY Doylestown	04 STATE PA	05 ZIP CODE 18901	06 TELEPHONE NUMBER (215) 345-6363
07 OPERATOR (If known and different from owner) 		08 STREET (Business, mailing, residential) 	
09 CITY 	10 STATE 	11 ZIP CODE 	12 TELEPHONE NUMBER ()
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> C. NONE			
IV. CHARACTERIZATION OF POTENTIAL HAZARD			
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 3/20/86 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1982 Present BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED No Treatment, Storage, or Disposal of Wastes: Toluene Diisocyanate (TDI) from 1985 Spill Incident			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION NONE			
V. PRIORITY ASSESSMENT			
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
VI. INFORMATION AVAILABLE FROM			
01 CONTACT Robert Allen		02 OF (Agency/Organization) PA DER, Bureau of Waste Mgmt.	
04 PERSON RESPONSIBLE FOR ASSESSMENT 		03 TELEPHONE NUMBER (215) 565-1687	
05 AGENCY 		06 ORGANIZATION 	
07 TELEPHONE NUMBER ()		08 DATE 4 9 86 MONTH DAY YEAR	

I. IDENTIFICATION

01 STATE PA	02 SITE NUMBER 1213
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II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (<i>Check all that apply</i>) <input checked="" type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ <i>(Specify)</i>	02 WASTE QUANTITY AT SITE <i>(Measures of waste quantities must be independent)</i> TONS _____ CUBIC YARDS _____ NO. OF DRUMS <u> 2 </u>	03 WASTE CHARACTERISTICS (<i>Check all that apply</i>) <input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input checked="" type="checkbox"/> J. EXPLOSIVE <input checked="" type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			N/A
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

[illegible]

V. FEEDSTOCKS *(See Appendix for CAS Numbers)*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION *(Cite specific references, e.g., state files, sample analysis, reports)*

State Files
Interview with Company officials

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 1213

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 1213

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION01 ☐ K. DAMAGE TO FAUNA 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)01 ☐ L. CONTAMINATION OF FOOD CHAIN 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION01 ☒ M. UNSTABLE CONTAINMENT OF WASTES 02 ☒ OBSERVED (DATE: 10-10-85) ☐ POTENTIAL ☐ ALLEGED
(Spills/runoff/standing liquids/leaking drums)03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
Spill of 50 gallon Toluene Diisocyanate from punctured 55 gallon drums - Was
neutralized and cleaned up - No material flowed off the paved parking area.01 ☐ N. DAMAGE TO OFFSITE PROPERTY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

Records indicate that spilled material was effectively cleaned up.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

State Files
Interviews with Company Officials

FIELD TRIP : SUMMARY REPORT

ORIGINAL
(Red)

This summary should be prepared in conjunction with the Preliminary Assessment, EPA Form 2070-12.

EPA Case Number _____ Site Name Cartex Corp.

Site Description

Manufacturing facility for custom molding of Urethane Foam.

Area of site (acres)

Hazardous portion, if not entire site

N/A

Description of processes/operations which took place at the site

Injection of Urethane Foam into molds to produce car seats and similar products.

Waste handling/disposal practices

Urethane scraps are hauled to landfill - are not hazardous waste. Toluene Diisocyanate (TDI) is a raw material in the foam making process but is normally totally used up in the chemical reaction.

Site topography and runoff drainage patterns

Generally flat - Runoff flows to retention basin in back of property, to storm sewer system then west towards Rock Run.

Surface or subsurface drainage areas (achate) noted?

No

Odors/stains noted?

No

Stressed vegetation noted?

No

Location and description of streams or receiving waters adjacent to site. Include flow direction and observations. Note location on attached map.

Rock Run is located - 1500 Ft. to the west.

Monitoring wells on site or in vicinity

Note location on attached map.

NONE

Population within 1/4 mile of site:

- ☒ 0-10
☐ 10-100
☐ greater than 100

Population within 1 mile of site:

- ☐ 0-10
☐ 10-100
☒ 100-1000
☐ greater than 1000

Surrounding land use (woodlot, agricultural, recreation,

NORTH

Industrial

EAST

In

SOUTH

WEST

Municipal water supply within 3-mile radius (note use of

ls)

Surface intake on Delaware River

Reference: Falls Township Municipal Authority

Domestic wells. Approximate number within 1/4 mile: NO
List nearest wells below and show locations on attached map.

Owner/Resident

Address

Phone

Groundwater flow direction, if known

Description of odor/taste problems

None Reported

State inspection activity (including permits held)

RCRA Inspection 5-14-86

State/Federal/Private remedial activities

Spill of TDI was cleaned up by Cartex Personnel.

Please
redact
Population
water

domestic wells. Approximate number within 1/4 mile: NONE
List nearest wells below and show locations on attached map.

Owner/Resident	Address	Phone

Groundwater flow direction, if known

Description of odor/taste problems
None Reported

State inspection activity (including permits held)
RCRA Inspection 5-14-86

State/Federal/Private remedial activities
Spill of TDI was cleaned up by Cartex Personnel.

Additional comments--Further description of site

Spill was investigated by Falls Twp. Environmental Protection Officer Paul Scally (See Attached Report).

Several private residential wells are located along Tyburn Road approximately 1/3 mile from the site.

Please protect personal property

SITE CONTACTS

Name and Title	Affiliation
Robert Moore	Corp. Director - Safety Environmental Health

INSPECTION INFORMATION

Name and title of inspector(s) Robert Allen

Agency PA DER Phone number (215) 565-1687

Date 3-20-86 Time on site 1 hour

Weather conditions:

ATTACHMENTS

- o Topographic map identifying site location. Include name of quadrangle map.
- o Site sketch map showing location of monitoring wells, domestic wells, municipal water supplies, and areas of concern (lagoons, leachate seeps, drums, etc.)
- o Any available sampling results or state monitoring data with map showing sample locations.

tional comments--Further description of site

Spill was investigated by Falls Twp. Environmental Protection Officer Paul Scally (See Attached Report).

[REDACTED]

CONTACTS

Name and Title	Affiliation	Phone
Robert Moore	Corp. Director - Safety and Environmental Health	(215) 345-6363

SPECTION INFORMATION

Name and title of inspector(s) Robert Allen

Agency PA DER Phone number (215) 565-1687

Date 3-20-86 Time on site 1 hour

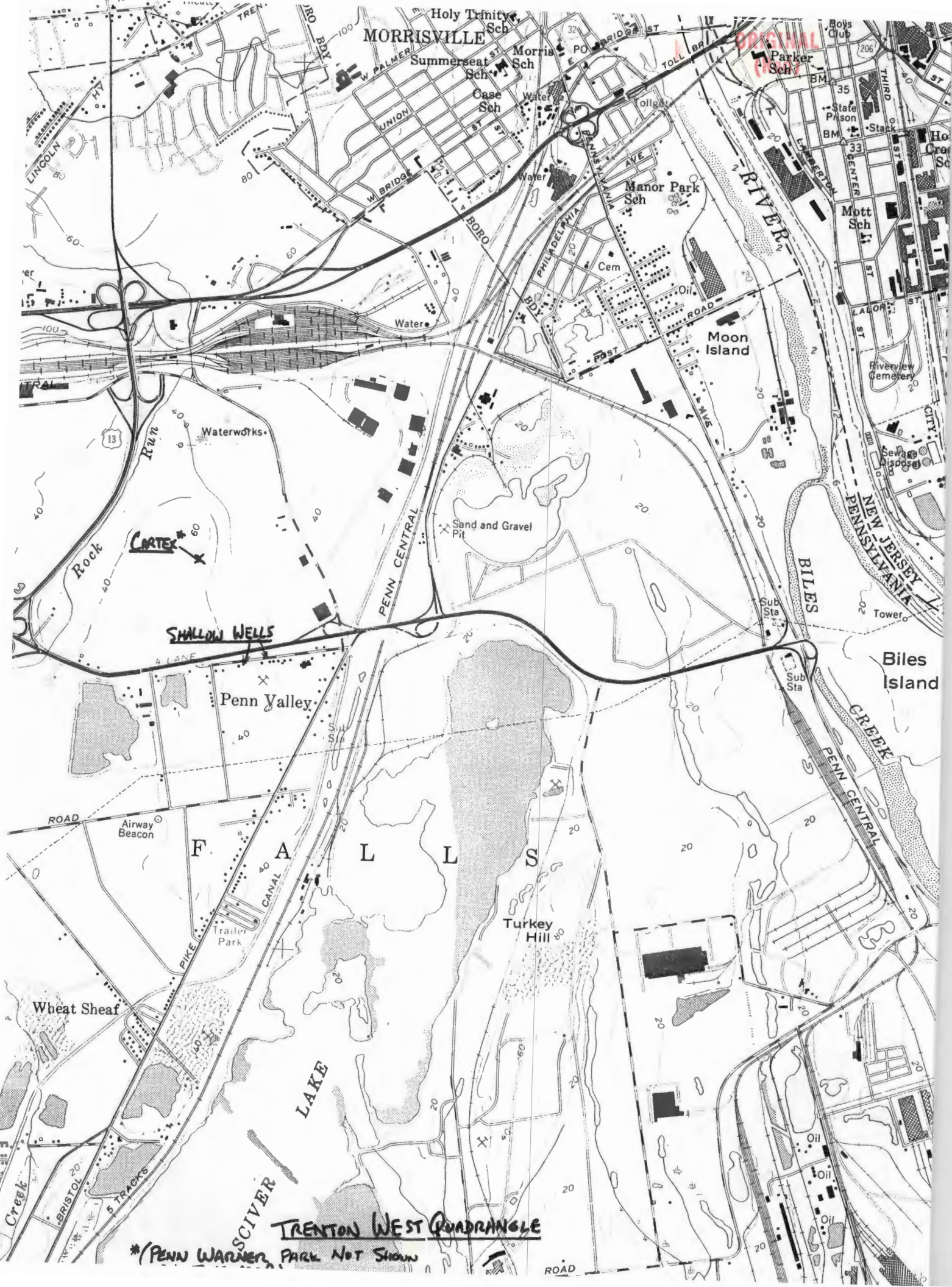
Other conditions:

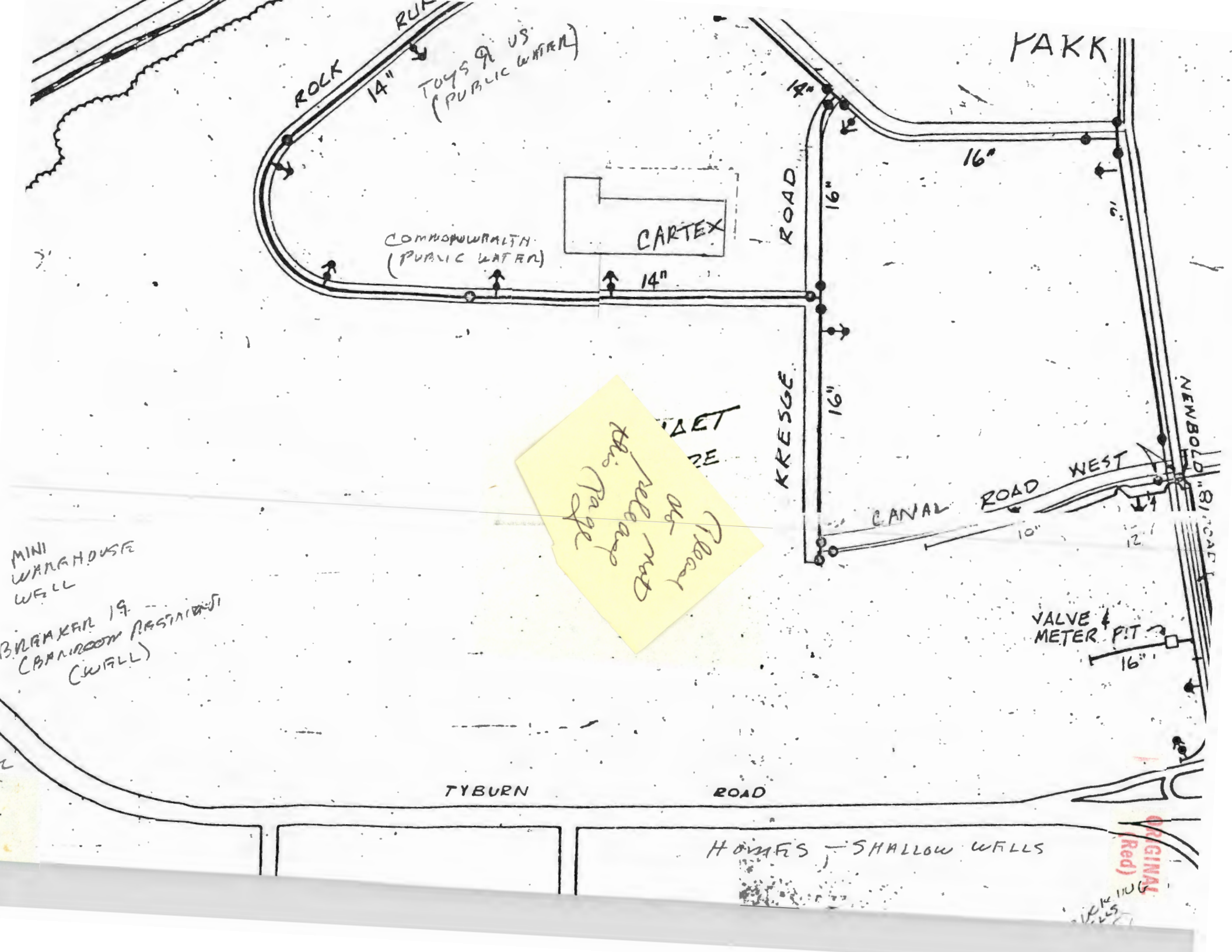
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Any available sampling results or state monitoring data with map showing sample locations.





Close up not release this page

ORIGINAL
(Red)

CARTEX
CORPORATION

OCT 21 1985

ORIGINAL
(Red)

200 ROCK RUN ROAD • FAIRLESS HILLS, PENNSYLVANIA 19030 • PHONE: 215/736-0970

October 18, 1985

Mr. George Danyliw
Pennsylvania Department of Environment Resources
1875 New Hope Street
Norristown, PA 19401

Dear Mr. Danyliw:

On October 10, 1985 at approximately 4:45 PM, a Cartex truck accidentally punctured two 55 gallon drums of Toluene Diisocyanate (T.D.I.). Our chemical compounder immediately paged our safety director.

The chemical was contained by turning the drums on their sides to prevent additional material loss and sand was used to bank the spill to stop the flow. No material flowed off the paved parking area.

The spilled material was neutralized with an ammonia and water mixture from our emergency spill cage, mixed with sand and placed in 55 gallon drums. The drums have been sealed and labeled.

The two damaged drums have been emptied into other drums to be used in our manufacturing operation.

The spilled material has been sampled to determine that it is properly neutralized. This report will indicate that it is no longer a toxic material and can be disposed in a conventional manner.

I have enclosed a copy of the formula for our neutralizer. The spill was of approximately 50 gallons of material; we used by measurement 25 gallons of neutralizer. This was a one to two ratio. The recommended ratio is one to nine.

No disposition will be made on the recovered neutralized, sand filled material until the analysis report is received. If there is any question about the presence of T.D.I., additional neutralizer will be added and another analysis conducted.

E.P.A. PAD# 000799338.

Very truly yours,

CARTEX CORPORATION

Eldon Hall
Eldon Hall
Plant Manager

*LUMIS:
1/25/85 Superfund site*

Bristol Pike & Louis Ave.

EH:vw

OUR FOURTH DECADE OF CREATIVE SERVICE



DATE: Oct. 15, 1985

MEMORANDUM TO: Ray Nearhood, Township Manager

FROM: Paul Scally, E.P.O.

SUBJECT: Cartex Corp. - Spill at Warner Industrial Park
Facility.

On October 11, 1985, Fire Marshall Raymond Forestal, reported that reliable sources claimed that 100 gallons of TDI had spilled at Cartex Corp., located in the Warner Industrial Park.

The Triangle Fire and Safety Co. "Haz.Mat. Computer", immediately identified the compound and associated hazards. (see attachment)

Upon investigation of the facility, the report was confirmed. Fortunately, the toxic compound had been neutralized, diked, absorbed and shoveled into drums. A residual remained neutralized on the impervious asphaltic surface. No groundwater contamination was anticipated.

Plant Manager, J. Eldon Hall, had not reported the incident to the authorities. He claimed that the spill occurred when a hose supplying TDI to the urethane foam process ruptured. The response crew donned breathing apparatus and effectively controlled the situation.

I reported the incident to the Bucks County Health Dept. and the D.E.R. Both agencies assured me that the matter would be investigated further.

Due to suspicious circumstances surrounding the spill, I am reluctant to qualify it as accidental. For this reason I discussed the case with the Acting Police Chief. The following events precluded my inspection.

The Township Police responded to a fight between two Cartex employees hours before the spill.

The Fire Marshall reported that an unusual fire had broken out a few days before the spill and a few days after he trained the Cartex fire brigade.

The announcement of the closure of the Morrisville Plant had angered some employees who would be laid-off.

The apparent cover-up of a spillage of this hazardous compound.

An attempt to reinspect the facility later that day failed, when my assistant was unable to contact the Plant Manager.

Numerous violations of D.E.R. regulations were observed during the preliminary inspection. They are as follows: (attachment)

A**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY****ORIGINAL
(Red)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

RECEIVED
EPA I.D. NUMBER

NOV 19 1988

**CARTEX CORP.
MORRISVILLE, PA**

INSTALLATION ADDRESS

* PAD000799338

**CARTEX CORPORATION
BRISTOL PIKE AND LEWIS AVENUE
MORRISVILLE PA 19067****200 ROCK RUN AND KRESGE ROAD
FAIRLESS HILLS PA 19030**

EPA Form 8700-12A (4-80)

FZJ
See you Next Month

Protection Agency.**Generator's Name & Address****Manifest Document Number**

(c)

**LION
TECHNOLOGY INC.**466 Mount Hope Avenue
Dover, New Jersey 07801

12.1

ORIGINAL
(Red)

CARTEX

CORPORATION



CUSTOM MOLDERS OF
URETHANE FOAM

CORPORATE OFFICES: CHAPMAN LANE • DOYLESTOWN, PENNSYLVANIA 18901 • PHONE: 215/345-6363

Please Reply To: SPECIALTY FOAM DIVISION • BRISTOL PIKE, MORRISVILLE, PA. 19067 • PHONE: 215/295-7126

December 4, 1985

Environmental Protection Agency
P.O. Box 1480
Philadelphia, Pa. 19107

Dear Sirs:

Please be advised of a change of activities at the listed facilities:

ie: Cartex Corp.
160 Veterans Lane,
Doylestown, Pa. 18901
PAD-990824518


✓ Cartex Corp.
200 Rock Run & Kresge Road
Fairless Hills, Pa. 19030
PAD-000799338

Cartex Corp.
Bristol Pike & Lewis Ave.
Morrisville, Pa. 19067
PAD-002894037

4

There is no hazardous materials generated at these facilities.
Please remove our corporate name from listing.

Sincerely,


Robert Moore
Corp. Safety Director

RM:mc

cc: P. Baughman
R. Dowdell
E. Hall
P. Marshall

ORIGINAL
(Red)

EPA

ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

NAME OF INSTALLATION

INSTALLATION MAILING ADDRESS

LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr, mo, & day)

I. NAME OF INSTALLATION

CARTER CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

200 ROCK RUN & KRESGERD

CITY OR TOWN

ST.

ZIP CODE

FAIRLESS HILLS

PA 19000

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

CITY OR TOWN

ST.

ZIP CODE

SAME

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

HALI EL DON PLANT MGR

215 736 0970

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

CARTER CORP

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

PAD 00079933

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 48 CFR Part 261.34 for each listed infectious waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.34.)

☐ 1. IGNITABLE
(D001)☐ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☐ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Corp. Safety Director

12/3/85

ORIGINAL
(Red)

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part A

Date of inspection 5/14/86 Time start 1:30 Time finish 2:30
Name of inspector Michael M. Bokel
Company, installation name Carter
Location 200 Rock Run Rd
County Bucks Municipality Fairless Hills
Identification number PAD 000799338
Name of responsible official Eldon Hall
Title Plant Manager
Mailing address Same as above
Area code and phone no. 215-736-0970
Name of person interviewed Same
Title .
Mailing address (if different from above) ..
Area code and phone no. ..

. Current waste handling method:

- a. ☐ On-site ☐ treatment, ☐ storage, ☐ disposal
b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
c. ☐ Off-site ☐ treatment, ☐ storage, ☐ disposal
d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

. Amount of hazardous waste produced:

- a. No produced kg./mo.
b. _____ kg./yr.

. Types of hazardous waste produced by Hazardous Waste Number:

One drum of TDI to be shipped.

Are hazardous wastes transported off-site by the generator? ☐ Yes ☒ No

ORIGINAL
(Red)

[illegible]

HAZARDOUS WASTE INSPECTION REPORT

Part C - Comments

Date of inspection

5/14/86

Identification number

PAD 000799338

Company, Installation name

Cortex

County

Bucks

Municipality

Fairless Hills

On site, outside is one 55 gallon drum TDI waste, which according to Mr. Hall has been on site for at least one year. Approximately 350 drums also outside containing TDI & Polyol - at this time considered non-hazardous residual industrial waste. Mr. Hall has contacted Kramer Chemical Inc. to investigate a disposal location. Mr. Hall was informed that a PA Hazardous Waste License # for the transporter would be necessary for wastes (haz.) hauled in Pennsylvania.

The TDI waste drum should be moved away from the other wastes & labeled as a hazardous waste.

Cortex is also responsible to determine the disposition of the corrosive "compound cleaner" and to provide some information regarding the waste oil disposer.

The 1 drum of TDI resulted from a one-time calibration leak which will, according to Mr. Hall, not be generated in the future. The 10 drums of TDI cleaning material should be testified by the testing lab as free of TDI & a statement provided the Dept. No methylene chloride is used in cleaning process. 1 TCE used is flashed off in the oven with the formed product.

inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. Findings of this inspection are shown in this report. Any violations which were uncovered by the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Interviewed (signature)

Edward Hall

Date

5-14-86

Inspector (signature)

Michael H. Bobek

Date

5/14/86

ERRIS TIME RECORD

ORIGINAL
(Red)

L

SITE NAME CARTER CORP. SITE I.D. NO. PA-1213

ACTIVITY:

X PA SI JOINT PA JOINT SI Other (specify)

NAME	DATE	HOURS
R. ALLEN	3-12-86	4.5
	3-13	7.5
	3-14	7.5
	3-17	7.5
	3-19	4.5
	3-20	2.5
	4-1	2.5
	5-14	3.0

INSTRUCTIONS:

1. Complete & attach this form to each PA, SI, etc.
2. Submit this form separately for joint activities in cases where EPA/FIT will prepare the report.
3. Use a separate form for each site or project.
4. Report time to the nearest hundredth hour (e.g., 4.75)
5. Include supervisory time (quality review/assurance, etc.) and time spent preparing final report (typing duplicating, etc.)